L0900015912

| (Re | questor's Name) | | | |
|--------------------------|-----------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |

Office Use Only



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TECRETARY OF STATE

ALL AHASSEE, FLORIDA

OCT 3 0 2015

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2015

MANUEL CHINCHILLA 2550 S. BAYSHORE DRIVE, SUITE 103-B MIAMI, FL 33133

SUBJECT: CHEMPLAST STEEL INDUSTRIES LLC

Ref. Number: L09000065912

We have received your document for CHEMPLAST STEEL INDUSTRIES LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 615A00022001

COVER LETTER

| _ | stration Section sion of Corporations | | | | |
|---|--|------------------|---|--|--|
| SUBJECT: | Chemplast Steel Industries, | LLC | | | |
| Jeboleii | (Name of Limited Liability Company) | | | | |
| The enclosed | 1 member, resignation or dissoci | ation and fee(s | a) are submitted for filing. | | |
| Please return | all correspondence concerning | this matter to: | | | |
| | Manuel Chinchilla | | | | |
| | (Contact Person) | | u- | | |
| | | | | | |
| | (Firm/Company) | | _ | | |
| | 2550 S Bayshore Dr Ste 10 | 3-B | | | |
| | (Address) | | _ | | |
| | Miami Florida 33133 | | | | |
| | (City/State and Zip Code) | | _ | | |
| For further in | nformation concerning this matt | er, please call: | | | |
| Ma | anuel Chinchilla | 954 | 864 95 54 | | |
| (N | ame of Contact Person) | | & Daytime Telephone Number) | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$\subset\$ \$\\$\\$25 \text{Filing Fee} \subset\$ \$\\$\\$55 \text{Filing Fee & Certified Copy}\$ | | | | | |
| STREET/C | OURIER ADDRESS: | | MAILING ADDRESS: | | |
| Registration | | | Registration Section | | |
| Division of C | | | Division of Corporations | | |
| Clifton Build | ling ive Center Circle | | P.O. Box 6327 Tallahassee, Florida 32314 | | |
| | Florida 32301 | | rananassee, Fioriua 32314 | | |

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| • | company as it appears on the records of | of the Florida Department |
|---|---|---------------------------|
| of State is: Chemplast Steel In | ndustries, LLC | · |
| 2. The Florida document/registration L09000065912 | on number assigned to this limited liabi | lity company is: |
| 3. The date this member/manager v | withdrew/resigned or will withdraw/resi | ign is: |
| . I,, hereby withdraw/resign as a | | |
| Manager | · · · · · · · · · · · · · · · · · · · | |
| (Print Title) | | |
| of this limited liability company a resignation in writing. | and affirm the limited liability company Therefore Resigning Manager | y has been notified of my |
| Filing Fee: \$25.00 (Req Certified Copy: \$30.00 (Opti | | MIN OCT 29 P 3 |